SEEC — SEATTLE ETHICS & ELECTIONS COMMISSION	File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 polly.grow@seattle.gov	SEEC FORM **F-1** (7/18)	SEEC DOLLAR CODE / AMOUNT	**PERSONAL FINANCIAL AFFAIRS STATEMENT**

SEEC DOLLAR CODE — AMOUNT

Code	Amount
(1)	$0 -- $999
(2)	$1,000 -- $4,999
(3)	$5,000 -- $9,999
(4)	$10,000 -- $24,999
(5)	$25,000 -- $99,999
(6)	$100,000 -- $199,999
(7)	$200,000 -- $999,999
(8)	$1,000,000 -- $4,999,999
(9)	$5,000,000 or more

Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO Seattle City Clerk

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

Last Name	First	Middle Initial
PACHECO	ABEL	

Mailing Address (Use PO Box or Work Address) *: PO BOX 20084

City	County	Zip + 4
SEATTLE	KING	98102

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or domestic partner.

N/A

Filing Status (Check only one box.)

- ☐ An elected or appointed official filing annual report
- ☐ Final report as an elected official. Term expired: ______
- ☒ Candidate running in an election: month 8 year 2019
- ☐ Newly appointed to an elective office

Office Held or Sought

Office title: SEATTLE CITY COUNCIL

Position number: 4

Term begins: 1/2020 ends: 12/2024

1 INCOME

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of $2,400 or more during the period. Include stock options received during the reporting period that had a value of more than $2,400.

(Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	UNIVERSITY OF WASHINGTON OFFICE OF MINORITY AFFAIRS & DIVERSITY 1410 NE CAMPUS PARKWAY SEATTLE, WA 98195	DIRECTOR OF STRATEGIC ENGAGEMENT	(5)
			( )
			( )
			( )

Check Here ☐ if continued on attached sheet

2 REAL ESTATE

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over $12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use 1-9 Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
	( ) ( )		( ) ( )

Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms (eg. 20 yrs at 4.3%)	Security Given	Mortgage Amount - (Use Code) Original	Current
	( ) ( )				( ) ( )	( ) ( )
All Other Property Entirely or Partially Owned	( ) ( )				( ) ( )	( ) ( )

Check here ☐ if continued on attached sheet

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CITY OF SEATTLE
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3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	**List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.**		
	Type of Account or Description of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over $24,000 at any time during the report period.		( )	( )
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over $24,000 during the period.	B) PRIMERICA LIFE INSURANCE COMPANY 1 PRIMERICA PARKWAY DULUTH, GA 30099	(5)	(0)
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over $2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. **Stock shall be reported by market value at the time of reporting.**	C) FIDELITY INVESTMENTS PO BOX 770001 CINCINNATI, OH 45277-0003	(5)	(0)
		( )	( )
		( )	( )
		( )	( )
Check here ☐ if continued on attached sheet.			

4 CREDITORS	**List each creditor you or an immediate family member owed $2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.**		**AMOUNT (USE 1-9 CODE)**	
Creditor's Name and Address	Terms of Payment (eg. 6 years at 5.25%)	Security Given	original	current
			( )	( )
			( )	( )
Check here ☐ if continued on attached sheet.				

5 NET WORTH	Enter your estimated net worth.	Enter Dollar Amount $ 40,000

6 **All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.**

Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? NO If yes, complete Supplement, Part A.

B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? NO If yes, complete Supplement, Part A.

C. Did you and/or an immediate family member own a business at any time during the reporting period? NO If yes, complete Supplement, Part A.

D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.

E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over $50 per occasion? NO or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? _____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

☐ I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: (425) 954-6778 *

Email: ABEL4SEATTLE@GMAIL.COM (work)*

Email: ______________________ (Home) Optional

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

3/25/19

Date

Signature

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. **Report Not Acceptable Without Filer's Signature**